

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10 774/20</div>	Filing Date
Applicant(s)		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

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Total Depend						
Total Claims			</			

Applicant(s)

Filing Date

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